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PTO/SB/17 (12-04v2)

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APR 29 2005

EFFECTIVE ON 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application Number	10/621,710
Filing Date	April 8, 2004
First Named Inventor	Michael W. GRAHAM
Examiner Name	D. Sullivan
Art Unit	1636
Attorney Docket No.	546322000304

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
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| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
28	-25	0	50	0.00	360	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
2	-3	0	200	0.00	360	0.00

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	- 50	(round up to a whole number) x	0.00	0.00

4. OTHER FEE(\$)	Fee (\$)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00	

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	Otis Littlefield	46,751	(415) 268-6373
Name (Print/Type)		Date	April 29, 2005

SI-1919750

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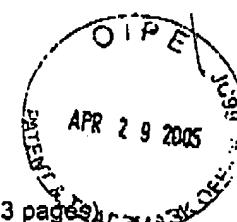
Atty Docket No.: 546322000304

Inventor: Michael W. GRAHAM et al.

Application No.: 10/821,710

Title: CONTROL OF GENE EXPRESSION

Filing Date: April 8, 2004



Documents Filed:

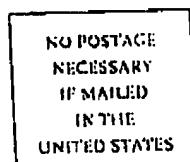
1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Amendment Under 37 CFR 1.111 (10 pages)
4. Supplemental Information Disclosure Statement (3 pages)
5. Form PTO/SB/08a/b (1 page)
6. Four References

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Date: April 29, 2005

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